



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Yasushi Tanaka

Serial No.

09/284,699

Filed

April 19, 1999

For

INFORMATION TRANSMITTING METHOD AND

TELEVISION BROADCAST RECEIVER

Examiner

Salce, Jason P.

Art Unit

2611

Confirmation No

2687

745 Fifth Avenue

New York, New York 10151

Tel. (212) 588-0800

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 29,

Thomas F. Presson, Reg. No. 41,442

Name of Applicant, Assignee or Registered Representative

Signature March 29, 2005

Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on December 29, 2004, having a three-month statutory period for response set to expire on March 29, 2005, please amend the above-identified application as follows.



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Salce, Jason P.

Art Unit

2611

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

__X__ No additional fee is required.

____ The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining	(3)	(4) Highest number	(5)	(6)	(7)
	after amendment		previously paid for	Present extra	Rate	Additional fee
Total claims	28	Minus	30 =	0 ×	\$18(9)	= \$0.00
Independent claims	4	Minus	4 =	0 ×	\$84(42)	= \$0.00
			Total additional fee for this amendment			\$0.00

- If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
- If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
- This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid _, or is paid herewith _.
- This response is being filed within the ___ first month, __ second month, __ third month, __ fourth month following the expiration of the term originally set therefor, and the fee of ___ \$110 (\$55), __\$410(\$205), __ \$930(\$465), __ \$1,450(\$725) for the requisite extension __ paid herewith.
- Check in the amount of \$__ is attached.
- __ Charge \$_ to Deposit Account No. 50-0320.
- X Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 29, 2005.

Thomas F. Presson, Reg. No. 41,442

Name of Applicant, Assignee or Registered Representative

Signature

March 29, 2005
Date of Signature

FROMMER LAWRENCE & HAUG LLP Attorneys for Applicant

By: Thomas F. Presson Reg. No. 41,442 Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

2

Remarks/Arguments begin on page 13 of this paper.

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